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Center for Applied Isotope Studies

UNIVERSITY OF GEORGIA

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CAIS Invoice Number
Date Received
Date Analyzed

CAIS USE ONLY

Please <u>COMPLETE</u>, <u>PRINT</u>, and <u>ENCLOSE</u> a copy of this form with your sample. **CAIS Stable Isotope Analysis**

Phone: 706-542-1395
Fax: 706-542-6106
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120 Riverbend Road		Fax: 706-542-6106				
Athens, GA 30602-4695	Email: cais@uga.edu					
SUBMITTER INFORM	ATION					
Mailing Address:		PO Number:				
Name						
Organization						
Street Address						
City			State		Zip	
Telephone			Fax			
Email						
Billing Address (if differe	nt from above)	:				
Name						
Organization						
Street Address						
City			State		Zip	
UGA Account Information	on (if applicabl	e)				
UGA Account #						
Account or Grant Name (if any):						
ANALYSIS REQUESTE	ED (Check all a	that app	ly)			
Compound Specific GC/IRMS δ ¹³ C	IRMS δ^{13} C	& δD		mmonium iffusion δ ¹⁵ N		Total %N & %C
Compound Specific GC/IRMS δD	IRMS δ^{13} C	& δ^{18} O		itrate diffusion ¹⁵ N		Total %S
IRMS δ ¹³ C	IRMS δ^{13} C	& δ^{15} N	li	pid–urea δ ¹³ C		
IRMS δD	IRMS δ ¹⁸ O	& δD				
IRMS δ ¹⁸ O						
Additional Comments (targ	get analytes, sa	mple typ	e, sam	ole matrix, num	ber of	samples):